

Disability Retiree Change of Designated Beneficiary

Questions about
completing this form?
Call ext. 6300
(303) 770-3772
in the Denver Metro area
(800) 332-3772
toll free nationwide

Return completed form to:
FPPA
7979 East Tufts Avenue
Suite 900
Denver, CO 80237
Or FAX form to:
(303) 771-7622

A change in beneficiary will reduce your monthly benefit amount. Contact FPPA for an estimate before submitting this form.
Upon receipt of this form, FPPA will update your beneficiary designation, recalculate your benefit and change your payment amount.

Section 1

MEMBER'S LAST NAME (Please Print)		MEMBER'S FIRST NAME		MEMBER'S MIDDLE INITIAL
MAILING ADDRESS		APT	BEST CONTACT PHONE #	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
CITY			STATE	ZIP
SOCIAL SECURITY NUMBER (last 4 digits only) XXX-XX-	EMAIL			

Section 2 - For Members Receiving a Benefit Under the Normal, Option 1 (100% Survivor), or Option 2 (50% Survivor) Payment Option

Members receiving a disability benefit under Payment Option 3, please see section 3.

This beneficiary change is due to (select one):

- I was single when disability benefits began, chose the Normal Payment Option and have since married or entered into a civil union
(Your new spouse/partner in a civil union **must be added within 180 days of marriage/civil union date**)
- Change in marital status
- Death of my former designated beneficiary

I now choose to (select one):

- Designate a beneficiary (for those who chose Normal option)
- Designate a NEW beneficiary and revoke any previous designated beneficiary
- Revoke my previous beneficiary and NOT designate a new beneficiary

If adding a beneficiary, also complete sections 4 and 5.

<p>To <u>revoke</u> your beneficiary, send FPPA copies of the following documents:</p> <ul style="list-style-type: none"> • Final Divorce Decree, or • Death Certificate (certified copy) 	<p>To <u>add or change</u> a beneficiary, also include copies of the following documents:</p> <ul style="list-style-type: none"> • Marriage license or civil union certificate (if applicable) • Birth certificate of new beneficiary <p>If the name on the birth certificate does not match your beneficiary's current name, please provide a copy of their driver's license or other documentation that verifies a name change</p> <p>If your beneficiary does not reside with you, it is your responsibility to notify FPPA in the event your beneficiary changes his or her address.</p>
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Section 3 - For Members Receiving a Benefit Under Payment Option 3 (100% Surviving Spouse and Dependent Children Benefit)

Pursuant to Rule 402.10 (c), for payment option 3, "spouse" means the Member's spouse at the time the first benefit payment is negotiated. If the spouse beneficiary is removed by the Member or dies, the Member is not permitted to add a subsequent spouse.

This beneficiary change is due to (select one):

- Change in marital status
- Death of my former designated beneficiary

I now choose to:

- Revoke my former spouse beneficiary. My children will remain as beneficiaries.

To revoke your beneficiary, send FPPA copies of the following documents:

- Final Divorce Decree, or
 - Death Certificate (certified copy)
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Section 4 - New Beneficiary Information (Does Not Apply to Option 3)

BENEFICIARY'S LAST NAME		BENEFICIARY'S FIRST NAME		BENEFICIARY'S MIDDLE INITIAL	
SOCIAL SECURITY NUMBER		DATE OF BIRTH (mo / day / year)		EMAIL	
MAILING ADDRESS		APT	BEST CONTACT PHONE		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
CITY			STATE	ZIP	
RELATIONSHIP OF BENEFICIARY TO MEMBER		IF SPOUSE, CHECK WHICH APPLIES: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

REQUIRED SIGNATURE & NOTARY

- I am aware that the beneficiary information included in this form becomes effective upon FPPA’s receipt of the form and any change in benefit will be implemented the first of the month following the date the form was received and will remain in effect until I deliver another completed and signed Disability Retiree Change of Designated Beneficiary form to FPPA
- I acknowledge that if in the future, my marital status changes, or in the event of the death of my beneficiary, I may revoke this form by completing a new a Disability Retiree Change of Beneficiary form and submitting it to FPPA
- I acknowledge that a divorce must be final to allow the revocation of a former spouse as designated beneficiary
- I acknowledge that if a Disability Retiree Change of Designated Beneficiary is not received by our office, FPPA will retain my cur-rent beneficiary designation
- I acknowledge that to change beneficiaries for FPPA accounts that are serviced by Fidelity Investments (Statewide Money Purchase, 457 Deferred Compensation, DROP, or the Statewide Retirement Plan: Money Purchase Component), I must contact Fidelity Investments at (800)343-0860

Sign and date below in the presence of a notary public.

MEMBER’S FULL LEGAL SIGNATURE

DATE

For Notary Use Only

STATE OF _____

COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, 20____.

Witness my hand and official seal.

My commission expires: _____.

Notary Public
(seal)
